

CLAIMS ONLY	Application Number 10/607029	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
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49						
50						
Total Indep	6					
Total Depend	28					
Total Claims	34					

may be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						